0 767992 Application or Docket Number 20 513 -00 601-US

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
(Column 1) (Column 2)									TYPE [OR	SMALL	
TOTAL CLAIMS				9			•	[RATE	FEE	7	RATE	FEE ·
FOR				NUMBER FILED		NUMBER EXTRA] [BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS				ල minus 20=		• <i>0</i>]	XS 9=		OR	XS18=	Ø
INDEPENDENT CLAIMS				/ minus 3 =				1 [X43=		OR	X86=	0
ML	JLTIPLE DEPEI	NDENT C	LAIM P	RESENT] [÷145=		OR	÷290=	0
- 11	the difference	e in colur	nn 1 is	less than zero, enter "0" in colui			column 2	L	TOTAL		OR	TOTAL	ກo
CLAIMS AS AMENDED - PART II												OTHER	THAN
		(Colu			(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT			HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 0		Minus	- 2	<u>0.</u>	. –		X 8_9-		OR	X\$18=	
	Independent	- NTATION	I OE MI	Minus	ENDENT	<u>3</u>	= :	↓ [X43=		OR	X 00=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+145=		OR	+290=	
				-	TOTAL		OR	TOTAL					
ADDIT. FEEOR ADDIT. FEEOR ADDIT. FEEOR ADDIT. FEE													
AMENDMENT B		CLA	IMS		HIĞHE	ST		ר ו		ADDI-	1		ADDI-
		REMAI AFT AMENO	ER		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total			Minus	*				X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	NTATION	OF MI	Minus	SNDENT.	<u> </u>	-	┨┞	X43=		OR	X86=	
	PROTPRESE	NIX.ION	OF WO	LIFLE DEF	ENDENT	CLAIM		, L	+145=		OR	+290=	
				A[TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE					
		(Colun	nn 1)		(Colum	ın 2)	(Column 3)						
AMENDMENT C		CLAI REMAI AFTI AMEND	NING ER		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .		Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•		Minus	***	٠.	=	1 F	X43=		Ì	X86=	
<u> </u>	FIRST PRESE	NTATION	OF MU	LTIPLE DEPENDENT (CLAIM		I	A43=		OR	V00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the entry in column 1 is less than the entry in column 2. write "0" in column 3. **TOTAL ADDIT FEE **OR													
T	the "Highest Nur he "Highest Num	nber Previ ber Previo	ously Pai usly Paid	d For' IN THIS For' (Total or	S SPACE is Independen	less than 11) is the I	3, enter *3.* highest numbe		_	ropriate box			